010 ELECTION CYCLE			STRY OF				Delbert Hosemann SECRETARY OF STATE
		Pal		1000001	ttee	UTO	
REPO	ORT OF R	9.00	Total 2	ACCOUNT.	DISBURSEMENT Action	VIS	CCEIVEI
	8 8	377-27-010 012		7			COLIVE
Name of Committee The Co	martice to	Ke-E	lect John	A	Hatchen Chausey	July	JUL 1 2 2010
Address III W. Cleyton S.						18 11	Campaign Finance
Telephone <u>662-365-1</u>	220	F	x 662-	34	5-1252		Secretaine
Trassurer John D. Hay	Nes Se	E	mail jhay	NF5	@ FAD com		L
Check here if above is	different from p	revious I	eport				
May 10, 2010 Periodic R		4 04	TYPE O	FRE	PORT		Mandatan
June 10, 2010 Periodic I							
July 9, 2010 Periodic Re							
October 10, 2009 Period							
October 26, 2010 Pre-Eli							
November 16, 2010 Pre-	-						
January 10, 2011 Period Termination Report (Cand	lidate will no lo	nger əq	cept contrib	ution			I to terminate reporting
(1) Pre-Election reports are mand shall submit a report indicatin	atory, even if g "0" (Zero) fo	no cont or total :	<u>IMPORTA</u> ributions or amount of re	expa	nditures have occurred contributions and	ed. in suc expenditu	ch case, the candidate area during this period.
(2) Until a Candidate files a Termi Ann. § 23-16-807 (b) (ii) and (iii		, annua	and period	ic rep	orts must still be file	d in acco	rdance with Miss. Code
(3) The receiving authority must be falle on a weekend or a holiday day before the deadline. Faxe	y, the office m	ust be i	n actual rec	l repo elpt o	rts by 5:00 p.m. on ti f the required reports	ne reporti by 5:00 (ng day. If the déadline p.m. on the firet working
ļ	REPORTED	CON	TRIBUTIO	NS	AND DISBURSE	MENTS	
	Itemized	+ Non-	itemized =		This Period		Calendar Year-To-Date
Total amount of contributions	\$ -0-	+\$	-0-	\$.0-	\$	-0-
Total amount of disbursements	\$ 250	+\$	289.80	. \$	-0-	\$	539.80
Total amount of cash on hand	/			\$	3,439,90		
I certify that I have evernines th	report and	to the i	best of my l	now			
Signature of Director o	r Treasurer				Date	ut (1 0010
/ flud/X	7-21		vest of my l		Ju		o, 2010

Authority: Refer to Miss. Code Ann/§23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to authorit required reports, or failure to authorit reports in accordance with statutory deadlines, or failure to authorit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutil-county and all regislative offices should return form to Secretary of State. Elections Division, P. G. Box 138, Jackson, MS 39208 or fax to 801-389-1489 or 801-976-1819.

2. Candidates for county-wide and county district offices should return forms to their county Circuit Clark.

								Page	/ ol	/	
Name of Candidat	e or Com	mitte	· The	Commit	tec to Re.	Floor Joh	NAA	larchen	Chancey 3	Tudge L	LC
Reporting period	JUNE	1,	2010	790	through	JUNE	30	2010		*	

ITEMIZED DISBURSEMENTS

Community Development Foundation Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		s -0-
P.O. Box A City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250 00
8. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	_'_'_	S
City, State, Zip Code	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
C. Full name	(Mo., Day, Year)	Amount of each disbursement this period
Malling Address	<u></u> ''_	S
City, State, Zip Code	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	·s
D. Full name	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		5
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	(Mo., Day, Year)	Amount of each diabursement this period
Melling Address	_'_'_	S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	5
F, Full name	(Mo., Day, Year)	Amount of each disbursament this period
Mailing Address		S
City, State, Zip Code	_'_'_	3
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$